U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	AUG	1	6	2005				
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /// 7	7	2. Fiscal Year Covered From:		
		1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person fi	illng.	Name, file number, and address of labor organization.		
Name Dennis	M Reardon	Name Ohio Education Association		
		Labor Organization File Number 512-490		
P.O. Box, Bidg., Room No., if any	y (	P.O. Box, Building and Room Number, if any PO Box 2550		
Street 12772 Ardine Court NW		Street 225 E. Broad Street		
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State Ohio	ZIP Code + 4 43147	State Ohio ZIP Code + 4 43216		
. Position in labor organization.	Executive Director	madit dimbil hambil hambad shaka da		
A. Held an interest in, engaged	(except as specified in the o	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  , or derived income or other economic benefit of zation represents or is actively seeking to represent.		
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Name of Person Filing Dennis Reardon	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion				
10. If 9.b. or 9.c, is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	ng.				
Street City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Cloppert, Latanick, Sauter & Washburn  Trade Name, if any:	Gift Card					
P.O. Box, Bldg., Room No., if any	A Verminant of Vertical Vertic					
Street 225 E. Broad Street	Note a control of the					
City Columbus  State Ohio ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b, Amount of payment.	\$100				

Name of Person Filing Dennis Reardon		File Number U-					
Part C Conti	nuation Page						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.						
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13.b. Is the Business an Employer or Consultant 7	14.b, Amount of payment.	\$100					
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labo	or relations consultant to an employer any					
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any),	14.a. Nature of payment.	The control of the co					
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Trade Name, if any:	mana.						
P.O. Box, Bldg., Room No., if any	Name of Contract Contract						
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						
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